

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Zurakowski

3. Date
09-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Benjamin J Shore

5. Manuscript Title
Proximal Femoral Osteotomy in Children with Cerebral Palsy: The effect of Age, Gross Motor Function Classification System Level and Surgeon Experience on Surgical Success

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 1. Identifying Information

1. Given Name (First Name)

Dustin

2. Surname (Last Name)

Powell

3. Date

10-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Benjamin J Shore

5. Manuscript Title

Proximal Femoral Osteotomy in Children with Cerebral Palsy: The effect of Age, Gross Motor Function Classification System Level and Surgeon Experience on Surgical Success

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Mr. Powell has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brian	2. Surname (Last Name) Snyder	3. Date 12-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Benjamin J Shore
5. Manuscript Title Proximal Femoral Osteotomy in Children with Cerebral Palsy: The effect of Age, Gross Motor Function Classification System Level and Surgeon Experience on Surgical Success		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Snyder has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Travis	2. Surname (Last Name) Matheney	3. Date 11-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Benjamin J Shore
5. Manuscript Title Proximal Femoral Osteotomy in Children with Cerebral Palsy: The effect of Age, Gross Motor Function Classification System Level and Surgeon Experience on Surgical Success		
6. Manuscript Identifying Number (if you know it) 		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chantal

2. Surname (Last Name)
Dufreny

3. Date
30-June-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Benjamin J Shore

5. Manuscript Title
Proximal Femoral Osteotomy in Children with Cerebral Palsy: The Effect of Age, Gross Motor Function Classification System Level and Surgeon Volume on Surgical Success

6. Manuscript Identifying Number (if you know it)
JBJS-D-15-00505R1

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Dr. Dufreny has nothing to disclose.

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Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Shore

3. Date
08-June-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Proximal Femoral Osteotomy in Children with Cerebral Palsy: The effect of Age, Gross Motor Function Classification System Level and Surgeon Experience on Surgical Success

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Shore has nothing to disclose.

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